

**REGISTRATION STATEMENT FOR THE GENERAL VIRGINIA POLLUTANT DISCHARGE
ELIMINATION SYSTEM (VPDES) PERMIT FOR SEAFOOD PROCESSING FACILITIES**

1. APPLICANT INFORMATION

- A. Name of Facility: York River Seafood Co., Inc.
- B. Facility Owner: Karina Shackelford
- C. Owner's Mailing Address
- a. Street or P.O. Box 239
- b. City or Town Hayes c. State VA d. Zip Code 23072
- e. Phone Number 804-642-2151
- f. Email Yrseafood.Cyndi@yahoo.com
- g. Indicate if the applicant would like the permit to be transmitted electronically. Yes ☒ No ☐
- D. Facility Street Address 9725 York River Seafood Lane
- E. Is the operator of the facility also the owner? Yes ☐ No ☒ If "No", complete F & G.
- F. Name of Operator: Cynthia Speight
- G. Operator's Mailing Address
- a. Street or P.O. Box 239
- b. City or Town Hayes c. State VA d. Zip Code 23072
- e. Phone Number 804-642-2151
- f. Email Yrseafood.Cyndi@yahoo.com

2. FACILITY INFORMATION

- A. Will the facility discharge to surface waters? Yes ☒ No ☐
If no, describe the discharge: _____
- B. Does this facility currently have a VPDES permit? Yes ☒ No ☐
If yes, give permit number. VAG 524025
- C. Provide the original date of construction of the seafood processing facility building and dates and description of all subsequent facility construction.
- * Original Date of Construction 1940's
- Re-Construction 2003-2004

3. MAP

Attach a USGS topographic or computer generated map extending to at least one mile beyond property boundary. The map must show the location of the facility, and the location of each of its existing and/or proposed intake and discharge points. Include all springs, rivers and other surface water bodies, including the receiving water body.

4. SIC CODES (check all applicable categories)

- ☒ 2091 Canning and Curing Fish and Seafood
☒ 2092 Preparing Fresh or Frozen Fish and Seafood
☐ 5142 Wholesale Distribution of Packaged Frozen Fish and Other Seafood
☒ 5146 Wholesale Distribution of Fish and Seafood, Including Cured, Fresh or Frozen But Not Packaged or Canned

5. NATURE OF BUSINESS: (provide a brief description)

Wholesale Seafood, Crab picking, whole fish, Crab cooking

6. OUTFALL INFORMATION

List all wastewater discharge outfalls by a number that is the same as on the drawings required in Question 8. Identify the processes which discharge through each outfall and give the name of the waterbody receiving the discharge. Also indicate the average 24 hour flow of the discharge at the outfall in gallons per day and the typical number of days per year that this flow occurs (processing days).

Outfall No.	Seafood Process	Receiving Stream	Flow in gallons per day	Days per Year
001	Crab Handpick	Pernn River	6000	280

7. MAXIMUM DAILY PRODUCTION (the highest production value on any one day during a calendar year; use weight of raw product except for oyster or scallop processing for which final product weight should be reported)

Operation (Process)	Quantity Per Day	Unit of Measurement
CRAB Picking	150 EST	Bushels
FISH	30,000 EST	Pounds

8. FACILITY DRAWING

Attach a line drawing for each process showing the source(s) of water used on the property and its flow through the facility. Show each step of the process (i.e. what happens to the water from the time it arrives at the facility until the time it leaves showing all individual floor drains, where pipes run through the building and where they discharge in relation to the receiving waters.

Will any of the above processes operate simultaneously and discharge to the same outfall(s)?

Yes ____ No ☒

If yes, please provide specific information regarding simultaneous discharges.

9. **TREATMENT INFORMATION**

If settling basins or screens are used in wastewater treatment, provide the dimensions and capacity of the settling basin(s) and/or screen mesh size and location.

N/A

Describe the method and frequency of solid wastes disposal

Our Scraps From Crabs, other Seafood etc. are disposed at the County Land Fill.

10. **CHEMICALS**

Please list any U.S. Department of Agriculture approved additives (e.g. polyphosphate solution) or other non-food related products you use that could get into the discharge. We will evaluate it for toxicity in the receiving stream. If you plan to use such a product in the future you may want to list it here as no other chemical use will be authorized by the permit unless prior approval is obtained. It is NOT necessary to list the Food and Drug Administration approved cleaners and sanitizers here (e.g. bleach solution).

Provide the name of the chemical(s) here and describe how it is used.

11. **CERTIFICATION**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Signature: Cynthia Speight Date: 7/24/15
Name of person signing above: Cynthia Speight
(printed or typed)
Title: Manager

REQUIRED ATTACHMENTS:

1. Map (#3 of Registration Statement)
2. Facility Drawing (#8 of Registration Statement)

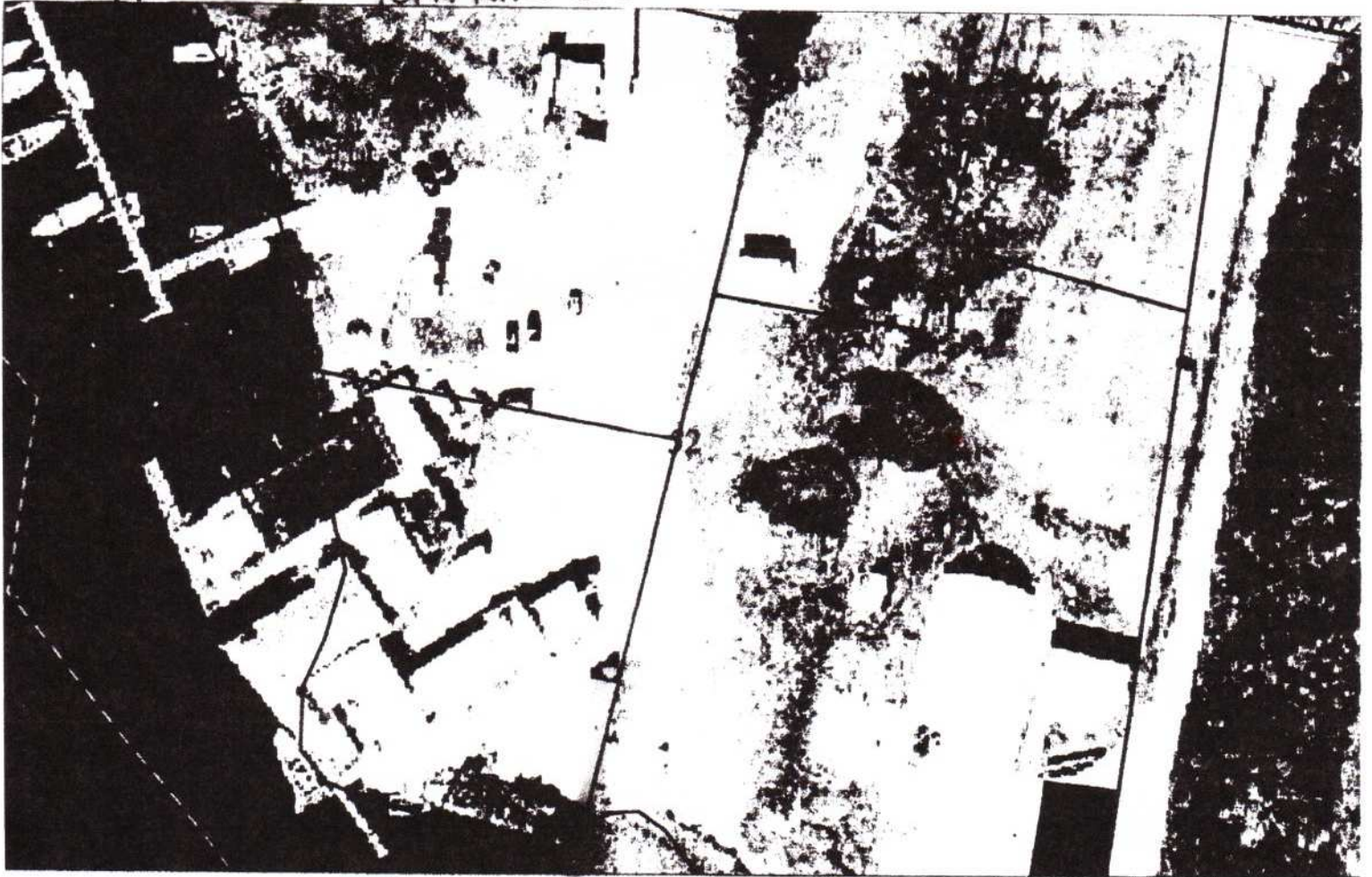
For Department use only:

Accepted/Not Accepted by: _____ Date: _____

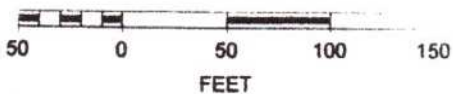
Basin _____ Stream Class _____ Section _____

Special Standards _____

↓ York River Seafood



SCALE 1 : 1,105



York River Seafood is Located on the Entire Left Side of the highlighted Line.

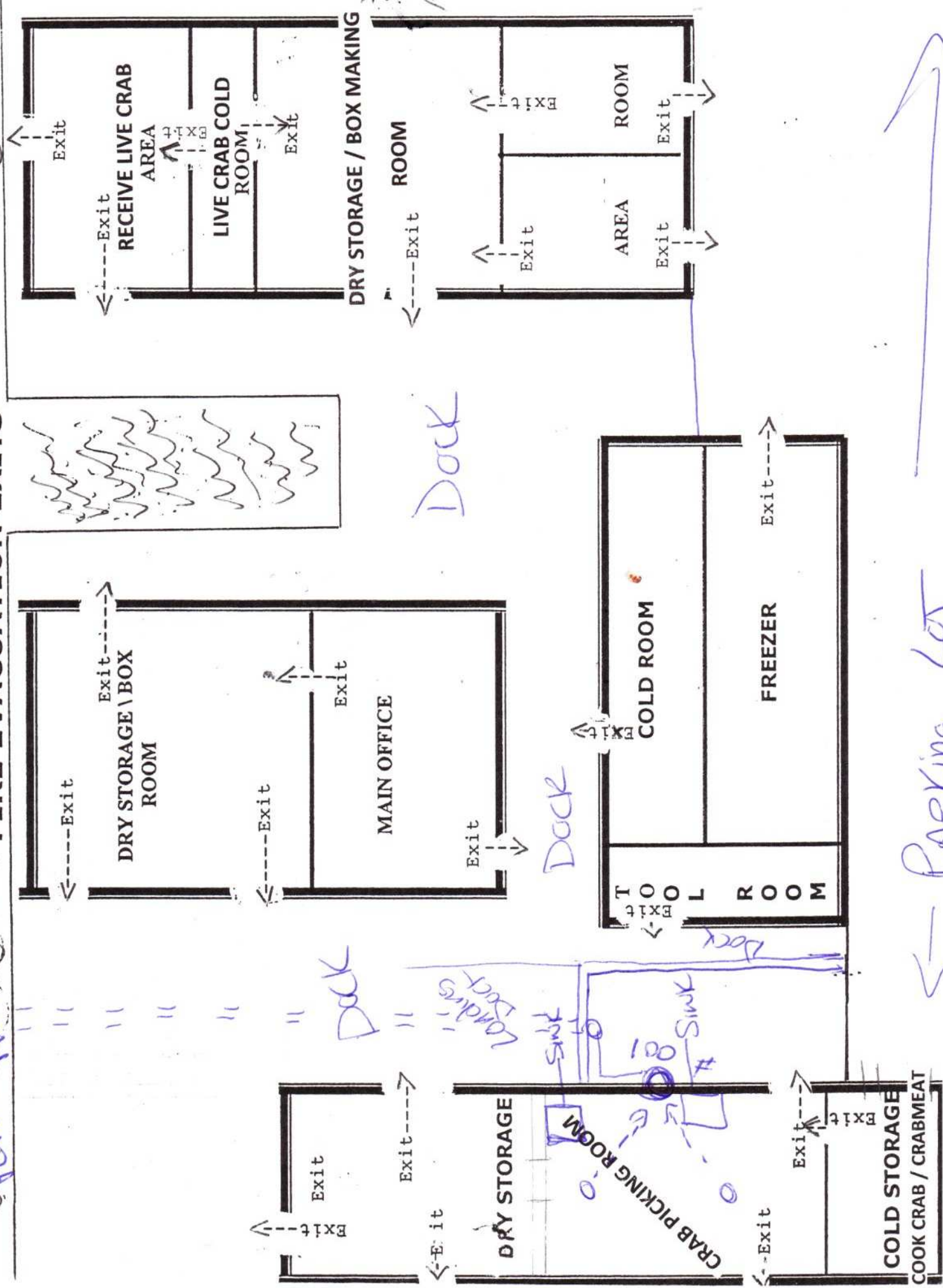


Google

Crab House
Building

2015 House
Crab House
DeSmog

FIRE EVACUATION EXITS



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Industrial Minor

DEPT. OF ENVIRONMENTAL QUALITY
Dept. of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
GLEN ALLEN, VA 23060-6296

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME York River Seafood Co., Inc.
ADDRESS P. O. Box 239
Hayes VA 23072

VAG524025
PERMIT NUMBER

999
DISCHARGE
NUMBER

MONITORING PERIOD

YEAR MO DAY TO YEAR MO DAY

FACILITY York River Seafood Co., Inc.
(SHELLSTOCK WASHDOWN) FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVER	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTED								
002 PH	PERMIT REQUIREMENT								
004 TOTAL SUS.SOLIDS	REPORT								
500 OIL & GREASE	RE								
	RE.								
	PERMIT REQUIREMENT								
	REPORTED								
	PERMIT REQUIREMENT								
	REPORTED								
	PERMIT REQUIREMENT								

BYPASSES AND OVERFLOWS		TOTAL OCCURRENCES	TOTAL FLOW (M. G.)	TOTAL BODS (K. G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE				
					TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
					PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						
					TYPED OR PRINTED NAME	SIGNATURE	AREA CODE	NUMBER	YEAR	MO.	DAY